

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp RECEIVED CITY OF MOUNTAIN VIEW 04 JUL 16 P12:42	CALIFORNIA FORM 501 For Official Use Only
--	---

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Means, Tom	DAYTIME TELEPHONE NUMBER (650) 965-2594	FAX NUMBER (optional) ()	OFFICE OF E-MAIL (optional) CITY CLERK
STREET ADDRESS City Councilmember	CITY Mtn View	STATE CA	ZIP CODE 94040
OFFICE SOUGHT (POSITION TITLE) City Councilmember	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Jurisdiction)	(Year of Election)		

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) **Primary/general election** (Year of Election) **Special/runoff election**

(Check one box)

- ☐ I accept the voluntary expenditure ceiling for the election stated above.
☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on **7/14/04**
(month, day, year)

Signature **Tom Means**
(Candidate)